

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214523879					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ALPHA PHI ALPHA, XI ALPHA LAMBDA CHAPTER, IRADORSEY SCHOLARSHIP ENDOWMENT FUND, INCORPORATED</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CHESTER F JOHNSON 6404 GAYFIELDS RD ALEXANDRIA, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2014</p> <p>SCC ID NO: 04297222</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: POST OFFICE BOX 523167</p> <p style="margin-left: 40px;">CITY/ST/ZIP: SPRINGFIELD, VA 22152</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM O. WADE, III TITLE: PRESIDENT ADDRESS: 8418 SEGOLILY COURT CITY/ST/ZIP/CO: LORTON, VA 22079 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: WILLIAM O. WADE, III TITLE: PRESIDENT ADDRESS: 8418 SEGOLILY COURT CITY/ST/ZIP/CO: LORTON, VA 22079	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: CHAUNCEY POINTE TITLE: TREASURER ADDRESS: 3542 MOON WAY CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
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NAME: ELVERT L. GARDNER TITLE: VICE PRESIDENT ADDRESS: 15448 MARSH OVERLOOK DR. CITY/ST/ZIP/CO: WOODBRIDGE, VA 22191	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICK A. DORSEY TITLE: DIRECTOR ADDRESS: 2601 PARK CENTER DR. APT# C-805 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: RICK A. DORSEY TITLE: DIRECTOR ADDRESS: 2601 PARK CENTER DR. APT# C-805 CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT DUTCHIE TITLE: DIRECTOR ADDRESS: 9644 MCCARTY DRIVE CITY/ST/ZIP/CO: FT. BELVOIR, VA 22060 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: ROBERT DUTCHIE TITLE: DIRECTOR ADDRESS: 9644 MCCARTY DRIVE CITY/ST/ZIP/CO: FT. BELVOIR, VA 22060	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	CHARLES HAWKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2007 GRIFFIN DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22307		
NAME:	COREY R. HOLEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	16350 KRAMER ESTATE DRIVE		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22191		
NAME:	CHARLES E. JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O.BOX 7882		
CITY/ST/ZIP/CO:	VA WOODBIDGE, VA 22195		
NAME:	CHESTER F. JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6404 GAYFIELDS ROAD		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315-3667		
NAME:	FLOYD JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 607		
CITY/ST/ZIP/CO:	ARLINGTON, VA 22216		
NAME:	TRISTAN MURE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8001 SPORTVIEW ROAD		
CITY/ST/ZIP/CO:	LANDOVER, VA 20785		
NAME:	W. EARL NICKS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8205 WOBURN ABBEY ROAD		
CITY/ST/ZIP/CO:	GLENN DALE, MD 20769		
NAME:	PAUL G. PATTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9702 TINY COURT		
CITY/ST/ZIP/CO:	BURKE, VA 22015		
NAME:	EARL T. RICHMOND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	12216 KINGWELL STREET		
CITY/ST/ZIP/CO:	MITCHVILLE, MD 20721		
NAME:	JAMEEL A. SCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5505 SIMINARY ROAD		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22041		
NAME:	DARRYL W. SHARP, SR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3731 ROXBURY LANE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22309		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE J. SHORTEN DIRECTOR 13409 GLEN TATLOR LANE HERNDON, VA 20171	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLIFFORD M. WILBORN DIRECTOR 10632 HEATHER GLEN WAY BOWIE, MD 20720	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MAURICE LANE, JR. DIRECTOR 7921 GUNSTON WOODS PLACE LORTON, VA 22079	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C. DASH DIRECTOR 1101 1 SPRING FOREST WAY FT. WASHINGTON, MD 20744	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CHESTER F. JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHESTER F. JOHNSON, DIRECTOR PRINTED NAME AND CORPORATE TITLE	5/5/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			